

AMENDMENTS TO THE CLAIMS

1-60. (Cancelled).

61. (Re-presented, formerly claim #21) A method for anchoring soft tissue within bone comprising:

drilling an opening into bone;

inserting into said bone opening a stabilizing element comprising an elongated sleeve with an axial channel extending therethrough;

threading soft tissue through an aperture in an insertion element comprising an aperture-containing stem head proximally located to an elongated stem, said stem having a diameter slightly larger than that of said axial channel of said elongated sleeve; and

inserting the distal end of said insertion element into proximal end of said stabilizing element.

62. (Re-presented, formerly claim #22) The method according to claim 61, wherein said soft tissue is a tendon graft.

63. (Re-presented, formerly claim #23) The method according to claim 61, wherein the method of drilling said opening comprises creating a stepped opening.

64. (Re-presented, formerly claim #24) The method according to claim 63, wherein the stepped opening has at least two different diameters, one less than the diameter of the stabilizing element, and one greater than the diameter of the stem head.

65. (Re-presented, formerly claim #25) The method according to claim 64, wherein said elongated sleeve of said stabilizing element is screwed into said bone opening at the diameter where said stepped bone opening is slightly smaller than that of said elongated sleeve.

66. (Re-presented, formerly claim #26) The method according to claim 65, wherein said axial channel in the stabilizing device is non-cylindrical, and wherein said stabilizing element is

screwed into said stepped bone opening by use of an emplacement device fitted into said non-cylindrical axial channel.

67. (Re-presented, formerly claim #27) The method according to claim 61, wherein said insertion element retaining said soft tissue is inserted forcibly into said stabilizing element screwed into said stepped bone hole.

68. (Re-presented, formerly claim #28) The method according to claim 61, wherein said stabilizing element comprises a flange at its distal end, whereby upon insertion of the stabilizing element in the bone opening, the flange is disposed at least partially outside the bone opening in a configuration whereby it will oppose further movement of the stabilizing element into the bone opening.

69. (Re-presented, formerly claim #30) The method of claim 61, further comprising:
drilling a second opening into bone;
inserting into said second bone opening a second stabilizing element comprising an elongated sleeve with an axial channel extending therethrough;
threading the soft tissue through an aperture in a second insertion element comprising an aperture-containing stem head proximally located to an elongated stem, said stem having a diameter slightly larger than that of said axial channel of said elongated sleeve; and
inserting the distal end of said second insertion element into proximal end of said second stabilizing element.

70. (Re-presented, formerly claim #35) The method of claims 61, wherein said stabilizing element is affixed into bone by interference fit.

71. (Re-presented, formerly claim #36) The method of claim 61, wherein said stabilizing element comprises a flange at its distal end, whereby upon insertion of the stabilizing element into a bone opening, the flange is disposed at least partially outside the bone opening in a configuration whereby it will oppose further movement of the stabilizing element into the bone

opening.

72. (Re-presented, formerly claim #29) A method for anchoring soft tissue within bone comprising:

drilling an opening into bone;

inserting into said bone a stabilizing element comprising an elongated sleeve with an axial channel extending therethrough;

threading soft tissue through an aperture in an insertion element comprising an aperture containing stem head proximally located to an elongated stem, said stem having a diameter slightly larger than that of said axial channel of said elongated sleeve; and

pulling the distal end of said insertion element into proximal end of said stabilizing element.

73. (Re-presented, formerly claim #30) The method of claim 72, further comprising:

drilling a second opening into bone;

inserting into said second bone opening a second stabilizing element comprising an elongated sleeve with an axial channel extending therethrough;

threading the soft tissue through an aperture in a second insertion element comprising an aperture-containing stem head proximally located to an elongated stem, said stem having a diameter slightly larger than that of said axial channel of said elongated sleeve; and

inserting the distal end of said second insertion element into proximal end of said second stabilizing element.

74. (Re-presented, formerly claim #31) The method of claim 73, wherein at least one of the stabilizing element and the second stabilizing element comprises a flange at its distal end, whereby upon insertion of the stabilizing element into a bone opening, the flange is disposed at least partially outside the bone opening in a configuration whereby it will oppose further movement of the stabilizing element into the bone opening.

75. (Re-presented, formerly claim #32) A method for replacing a torn ligament comprising:
obtaining a tendon graft;
drilling a hole into bone;
looping said tendon graft through an aperture in an insertion element;
inserting a stabilizing element comprising a sleeve with a cavity therein into said hole;
and
inserting an insertion element comprising a stem with an aperture-containing stem head at the proximal end of said stem into said stabilizing element.
76. (Re-presented, formerly claim #33) The method of claim 75, wherein said ligament is an anterior cruciate ligament and said bone aperture is in either a femur or tibia.
77. (Re-presented, formerly claim #34) The method of claim 75, further comprising:
drilling a second opening into bone;
inserting into said second bone opening a second stabilizing element comprising an elongated sleeve with an axial channel extending therethrough;
looping the tendon graft through an aperture in a second insertion element comprising an aperture-containing stem head proximally located to an elongated stem, said stem having a diameter slightly larger than that of said axial channel of said elongated sleeve; and
inserting the distal end of said second insertion element into proximal end of said second stabilizing element.
78. (Re-presented, formerly claim #39) The method of claim 77, wherein said ligament is an anterior cruciate ligament, said bone opening is in a femur, and said second bone opening is in a tibia.
79. (Re-presented, formerly claim #40) The method of claim 77, wherein at least one of said stabilizing element and said second stabilizing element is affixed into bone by an interference fit.

80. (Re-presented, formerly claim #41) The method of claim 77, wherein at least one of said stabilizing element and said second stabilizing element is affixed into bone by means of screw threads.

81. (Re-presented, formerly claim #42) The method of claim 77, wherein at least one of said stabilizing element and said second stabilizing element comprises a flange at its distal end, whereby upon insertion of the stabilizing element into a bone opening, the flange is disposed at least partially outside the bone opening in a configuration whereby it will oppose movement of the stabilizing element into the bone opening.

82. (Re-presented, formerly claim #35) The method of claim 75, wherein said stabilizing element is affixed into bone by interference fit.

83. (Re-presented, formerly claim #36) The method of claim 75, wherein said stabilizing element comprises a flange at its distal end, whereby upon insertion of the stabilizing element into a bone opening, the flange is disposed at least partially outside the bone opening in a configuration whereby it will oppose further movement of the stabilizing element into the bone opening.

84. (Re-presented, formerly claim #37) A method for replacing a torn ligament comprising:
obtaining a tendon graft;
drilling a hole into bone;
looping said tendon graft through an aperture in an insertion element;
inserting a stabilizing element comprising a sleeve with a cavity therein into said hole; and
pulling an insertion element comprising a stem with an aperture containing stem head at the proximal end of said stem and any of an aperture, slot and barb at the distal end of said stem.

85. (Re-presented, formerly claim #38) The method of claim 84, further comprising:
drilling a second opening into bone;

inserting into said second bone opening a second stabilizing element comprising an elongated sleeve with an axial channel extending therethrough;
looping the tendon graft through an aperture in a second insertion element comprising an aperture-containing stem head proximally located to an elongated stem, said stem having a diameter slightly larger than that of said axial channel of said elongated sleeve, and any of an aperture, slot, and barb at the distal end of said stem; and
pulling the second insertion element into the stabilizing element.

86. (Re-presented, formerly claim #39) The method of claim 85, wherein said ligament is an anterior cruciate ligament, said bone opening is in a femur, and said second bone opening is in a tibia.

87. (Re-presented, formerly claim #40) The method of claim 85, wherein at least one of said stabilizing element and said second stabilizing element is affixed into bone by an interference fit.

88. (Re-presented, formerly claim #41) The method of claim 85, wherein at least one of said stabilizing element and said second stabilizing element is affixed into bone by means of screw threads.

89. (Re-presented, formerly claim #42) The method of claim 85, wherein at least one of said stabilizing element and said second stabilizing element comprises a flange at its distal end, whereby upon insertion of the stabilizing element into a bone opening, the flange is disposed at least partially outside the bone opening in a configuration whereby it will oppose movement of the stabilizing element into the bone opening.

90. (Re-presented, formerly claim #56) A method of ligament reconstruction comprising:
(a) extending a filament from at least one end of a graft having at least two ends;
(b) threading the graft through an aperture in a first bone anchor;
(c) using the filament to affix the two ends of the graft to the aperture of the other anchor;
(d) affixing the first anchor in bone; and

(e) affixing the second anchor in bone.

91. (Re-presented, formerly claim #57) A method of ligament reconstruction comprising:

- (a) extending a filament from at least one end of a graft having at least two ends;
- (b) threading the graft through apertures in each of a first and a second bone anchor;
- (c) using the filament to affix the two ends of the graft to each other;
- (d) affixing the first anchor in bone; and
- (e) affixing the second anchor in bone.

92. (Re-presented, formerly claim #58) A method of ligament reconstruction comprising:

- (a) extending a filament from at least one end of a graft having at least two ends;
- (b) threading the graft through an aperture in a first bone anchor;
- (c) threading the two ends of the graft through an aperture in a second bone anchor;
- (d) using the filament to affix the two ends of the graft to the aperture of the other anchor;
- (e) affixing the first anchor in bone; and
- (f) affixing the second anchor in bone.

93. (Re-presented, formerly claim #59) A method of ligament reconstruction comprising:

- (a) extending a first filament from at least one end of a first graft having at least two ends;
- (b) extending a second filament from at least one end of a second graft having at least two ends;
- (c) threading the first graft through an aperture in a first bone anchor;
- (d) using the first filament to affix the two ends of the first graft to an aperture of a second bone anchor;
- (e) threading the second graft through the aperture in the second anchor;
- (f) using the second filament to affix the two ends of the second graft to the aperture in the first anchor;
- (g) affixing the first anchor in bone; and
- (h) affixing the second anchor in bone.

94. (Re-presented, formerly claim #60) A method of ligament reconstruction comprising:
- (a) extending a first filament from at least one end of a first graft having at least two ends;
 - (b) extending a second filament from at least one end of a second graft having at least two ends;
 - (c) threading the first graft through an aperture in a first bone anchor;
 - (d) using the first filament to affix the two ends of the first graft to an aperture of a second bone anchor;
 - (e) threading the second graft through the aperture in the first anchor;
 - (f) using the second filament to affix the two ends of the second graft to the aperture in the second anchor;
 - (g) affixing the first anchor in bone; and
 - (h) affixing the second anchor in bone.